The mass criminalization of people who use drugs and Hepatitis C: what can we do about countries’ national policies that are silently killing people who use drugs?

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Hepatitis C

- Hepatitis C is a preventable and treatable disease
- But remains an important cause of morbidity and mortality, particularly in people who use drugs
- In some countries, injecting or having injected is the main transmission route
- In many PWID HCV rates are higher than HIV rates, especially in prisons and is a bigger killer

*HCV is a global harm reduction and public health crisis*
Global hepatitis C prevalence amongst people who inject drugs

Effect of criminalization on people who inject drugs

Health outcomes

- Worse in countries where the criminalization of people who use drugs far outstrips the provision of drug treatment and other prevention and health services
- Better where the policies are more balanced

3. Central and Eastern Harm Reduction Network 2007
HIV prevalence fueled by war on drugs

- Clear evidence that HIV prevalence is fuelled by (5):
  - War on drugs
  - Criminalization of people who inject drugs

Is Hepatitis C prevalence also fuelled in the same way?

- Know there are many barriers to HCV care including:
  - Low HCV awareness and literacy
  - Stigmatisation and discrimination of PWID

All barriers are heavily influenced by the war on drugs and criminalisation of drug use

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HIV prevention is not HCV prevention

- HCV is more robust and transmissible than HIV

- Like HIV, treatment can be used as prevention
  - Treatment of those most at risk to spread the virus, active PWID are an important primary prevention measure

- In contrast to HIV:
  - Can survive weeks outside of the body
  - On surfaces, filters, spoons

7. Martin, N Hepatology 2013
What do we know about HCV among people who use drugs?

- Epidemic driven by injecting drug-use and like HIV, prevalence is fueled by prohibitionist policies, the criminalization and over-incarceration of people who use drugs (5)
- Mid-point HCV antibody prevalence in the western world in people who inject drugs (PWID) is 67.5% (8)
- In the US, for example, HCV is (9):
  - about 5 times more common
  - bigger killer than HIV / AIDS
  - many people don’t know they have it
  - Estimates suggest HCV incidence will increase fourfold by 2015


HCV in Prisons (8)

Is a public health crisis tied to current drug policies’ emphasis on the mass incarceration of drug users

• Treatment of infected persons in prisons is severely lacking
• 16 to 41 percent of incarcerated persons have HCV, as compared with roughly 2 percent in the general population (8)
• Between 29-43% of people with HCV have been in a correction facility (8)

Why the **policy** difference between HIV and HCV?

- **SEX**: Sexual transfer of HCV is very small – HIV known risk to heterosexual community
- **STIGMA**: In US, Europe and Australia main transmission route of HCV is IVDU – no ‘risk’ to the wider community
- **VIRUS**: HCV is about ten times more contagious than HIV sharing injecting equipment – one injection can cause infection – users are unaware of or underestimate their own risk
- **EPIDEMIOLOGY**: HCV higher potential to spread in the community of people who use drugs
- **ADVOCACY**: HCV lacks the strong advocacy that there’s been for PLWHIV
- **MEDICINE**: Less public and practitioner awareness and support for preventing and controlling the disease
Barriers to a Healthy HCV Policy

1) Inadequate Testing (5)

- Not uniformly done
- especially in most at-risk populations, such as people who use drugs and/or who are in prison

2) Lack of funding (10)

US example

3) Poverty/Marginalization (10)

**HEPATITIS C IS A DISEASE OF THE MARGINALIZED**

Hepatitis C disproportionately affects groups who are under-represented in health surveillance systems and who are underserved by the healthcare system. Percentage of each group testing positive for HCV infection.

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injection drug users &gt; 10 yrs of use</td>
<td>90%</td>
</tr>
<tr>
<td>Injection drug users &lt; 10 yrs of use</td>
<td>50%</td>
</tr>
<tr>
<td>Homeless persons</td>
<td>35%</td>
</tr>
<tr>
<td>Prisoners</td>
<td>29%</td>
</tr>
<tr>
<td>Severely mentally ill people</td>
<td>19%</td>
</tr>
<tr>
<td>Hospital patients</td>
<td>17%</td>
</tr>
<tr>
<td>African-American men 50–59 yrs</td>
<td>14%</td>
</tr>
<tr>
<td>US population</td>
<td>2%</td>
</tr>
</tbody>
</table>

4) Barriers to accessing or providing care

**Patients**
- Lack of knowledge in patients of long term risks of Hepatitis C
- Myths based on old knowledge, conflicting health messages from providers
- Inverse Care Law

**Providers**
- Lack of knowledge and fear in providers: making assumptions about patients, fear of “bad news”
- Poor and uncoordinated treatment policies
- Treatment of hepatitis C not linked to treatment of addiction
- Lack of funding: Treatment is expensive

11. D'Souza et al., QJM. 2004 Jun;97(6):331-6
5) Public health and harm reduction strategies: are they being adequately implemented?

- Poor coverage of NSP
- No universal OST
- No access to NSP/OST in prisons
- Failure to put the patient at the centre of the strategy

6) Prejudice by treating doctors

- In a survey amongst doctors in Canada, only 20% of HCV specialists would consider treating HCV in PWID.
- In England only about 1% of people living with HCV who inject drugs are in treatment for HCV, although the treatment is extremely cost-effective.


7) Criminal-focused drug treatment system

- Incarceration is an independent risk factor for HCV (8)
- Groups at highest risk for infection in the community remain at risk in prison
- Many people initiate injecting in prison (16)
- Women in prison are at higher risk than males (opposite to “community” risk) (17)
- Poor surveillance system for custodial facilities
- Co-infection HIV increases risk (16)


16. BMJ 2001;323:1209
Incarceration Policy

- Custodial facilities expose “at risk” young people to injecting drugs which they would not have accessed in their community.
- Prisoners take other risks in prison: psychiatric illness/alienation/boredom precipitates risk-taking behaviour.
- Prison culture: tattooing, barbering, fighting, contact sports, rape.
- Attitude of prison officers: requests for bleach leading to searches/punishment etc.

Overcoming the barriers

Testing

- Increase universal
- Also target most at-risk populations, such as people who use drugs and/or who are in prison (18, 19)
- Improve training for doctors and providers
- Robust screening strategies

A Missed Opportunity: Hepatitis C Screening of Prisoners Grace E. Macalino, PhD, Darpun Dhawan, BA, and Josiah D. Rich, MD, MPH
Increase funding

- Increase policy maker/stakeholder awareness of HCV risks
- Cost-benefit ratio of inadequate funding
- Integrate HCV testing & treatment into existing mainstream facilities
- Address the health costs of incarceration
- Treating hepatitis C in the prison population is cost saving

20 Neth J Med 2012 Apr;70(3):145-53
22 Pharmacoeconomics 2004;22(4):257-65
23 Hepatology 2008: 48(5): 1387-95
Fight stigma

- Wherever it is
- Training for all including harm reduction
- Target false knowledge
- Remove misconceptions of addiction as a moral issue
- Remove barriers to patients accessing knowledge – literacy, personal development, employment, opportunity
Improving access and amount of treatment

- Examples where, i.e. – France, Scotland strategic response (24)
- Making access easier for PWID (25)
- Funding targeted at testing, treatment, care and support
- Information and training for patients and staff

24. UK vs. Europe – Losing the Fight Against Hepatitis C (Hepatitis C Trust/Southampton University, 2005)
Provide and improve NSP and OST

- OST and NSP can reduce the prevalence of HCV (13)
  - Engaged in one, reduce risk by half
  - Protected by both, risk a fifth of those with neither
- But needed OST and high levels of coverage NSP both sustained for long periods
- Provide NSP in community and prisons
- Provide OST to all that want, including choice of drug
- Encourage move away from injecting
- Not as effective as with HIV because:
  - Introduced when prevalence already high
  - More robust virus and greater transmissibility

Training for doctors and other staff

- Training for General Practitioners/family doctors and nurses, not just specialists
- Training for ancillary staff in counseling/providing quality information to at risk groups
- Strategic implementation of training policies
- Governmental health messages
- Public Health Policy – HCV has a similar public health impact as HIV in the West
Provide health based care not criminal focused drug treatment system

- Don’t use criminal sanctions
- Identify health risk
- Target at risk individuals for health intervention as they come to judicial attention, rather than incarcerate and marginalize
- Training for prison staff to understand risks
Challenging policy to reduce HCV crisis: recognize the costs

Governments must realise that HCV has a similar public health impact as HIV and should address policy issues such as

- lack of funding
- uncoordinated strategies
- providing adequate and coordinated prevention programmes in the community and prisons saves money and lives
- access to treatment for people who use drugs
- shift away from arresting and incarcerating people for using drugs to health focus
Time to act to stop the increasing Hepatitis C epidemic and people dying unnecessarily

Thank you

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